JSA TUITION ASSISTANCE PROGRAM (TAP)

Program Application
HR Form 302 (TPO 5/00)

SECTION I: Application Information

Name: _____   MS#_____   Extension: _____   Date: _____

Division: _____   Job Title:_____   Supervisor's Name:_____

Degree Seeking: Please check one   School: Please check one

Educational Institution:
_____

Location:
_____

Degree Seeking:
O Associates
O Bachelors
O Masters/Specialist
O Doctorate

School:
O School of Business
O School of Engineering
O School of Science
O School of Computer Science
O Other: _____

Degree Program: _____   Number of credits needed for degree: _____
(Please name your anticipated major)

Projected graduation/completion date: _____   Estimated cost per Semester: $_____

Date you wish to start your first class: _____

SECTION II: Line Management Recommendation

Consider applicant's job performance and potential effect of participation in TAP on the workgroup

I do/do not recommend this application for approval because: _____

_____

Supervisor's Signature (required): _____   Date: _____

Dept Head/Hall Leader Signature (optional): _____   Date: _____

SECTION III: Program Enrollment Requirements

Proof of qualification to be a degree-seeking student:
Required documentation will include 1) a letter from the educational institution stating your eligibility and the number of credits needed for completion of specified degree; and 2) copy of course curriculum.

Note 1: The above documents should be attached to this form when submitting your request to the Training and Performance Office

Note 2: The Training and Performance Manager will make a recommendation to your associate director who makes the final decision on both participation and funding level. See Administrative Manual, Section 209.01 for details.

SECTION IV: Training and Performance Office Recommendation

Recommend: **O** Approval   **O** Approval with limitations (see attachments)   **O** Disapproval

Training and Performance Manager _____   Date _____

SECTION V: Associate Director's Approval

O Approved   **O** Approved with limitations (see attachments)   **O** Disapproved

Associate Director: _____   Date _____   POA: _____-_____-_____